

# Maternal & Child Health Technical Assistance Training



May 9 & 10, 2011

# AGENDA

- ⊙ Funding Opportunity Overview
- ⊙ Application Guidelines
- ⊙ Budget Development
- ⊙ Scoring Criteria
- ⊙ Question / Answers

# ISDH'S MCH DIVISION

**Kim Minniear**

Director of Operations  
CSHCS

**Mary Weber**

Director  
MCH

**Judy Ganser, MD**

Medical Director  
MCH & CSHCS

**Mag Galloway**

Life Course Health  
Systems

**Bob Bowman**

Genomics & Newborn  
Screening

**Hope Munn**

Indiana Family  
Helpline

**Vanessa Daniels**

Business & Grants  
Management

**Vacant**

Epidemiology,  
Surveillance & Data  
Analysis

Perinatal Health

Child Health

Adolescent Health

Childbearing Women

Newborn Screening

Heel Stick Program

Birth Defects Registry

Early Hearing

Detection

Communications  
Specialists

Resource Database  
Managers

Grants Management

Purchasing &  
Procurement

Logistics & Training

Epidemiology

Surveillance

Data Analysis

# TITLE V

## ⊙ Title V = Federal Block Grant

- Supports, promotes, and improves health of nation's mothers and children
- Passed Social Security Act in 1935
- DHHS → ISDH's MCH → IN Providers

# PURPOSE

- ◎ Funding will be used to develop / implement programs on MCH's "Service Categories"
  - Pregnant Women & Infants
  - Children
  - Adolescents
  - Women of Childbearing Age
  - Family Planning
  - Children with Special Health Care Needs

# DESCRIPTION OF FUNDING

- ◎ To fund competitive grants to:
  - Nonprofits
  - LHD's
  - Health care entities
  - Local & statewide service providers
  - Planning organizations
- ◎ New, competitive application
  - Funding in the past does NOT guarantee FY12/13 funding
- ◎ Funding for 24 months

# Funding Opportunity Overview

# SUBMISSION INFO

- ⦿ Due Friday May 20, 2011 at 4:30PM EST
  - Must be received by ISDH by due date
- ⦿ Must use the MCH Application Document
  - Original packet
  - Plus 3 complete copies (4 total packets)
  - No binding
  - Single sided
- ⦿ Consult with LHD
  - Send notification letters to the LHD
  - If funded, you may have to submit these letters to ISDH



# ELIGIBILITY & REQUIREMENTS

## ⊙ Applicant organization:

- Must be a non-profit organization, health department, hospital, or other health care related entity
- Must collaborate with traditional and nontraditional agencies or organizations
- Must address one or more Service Categories as identified in the previous section
- Must serve populations within Indiana
- Must comply with contractual & financial requirements as listed in the Budget Section.

# Priority Areas

# LIFE COURSE HEALTH PERSPECTIVE

- ◎ Addresses determinants of health
  - Each person's health reflects a culmination of own unique history
- ◎ Determined by:
  - Social factors
  - Economic factors
  - Environmental factors
  - Biological factors
- ◎ Birth outcomes predicted by:
  - Mother's wellbeing
  - Exposures throughout her life
  - Exposures throughout her ancestor's lives
- ◎ New federal recommendation from DHHS's MCHB

# PRIORITY AREAS

- ◎ ISDH's MCH Division submitted a 5 Yr Needs Assessment (FY 11 – FY 15) to DHHS in July 2010
  - Collaboration between:
    - MCH
    - CSHCS
    - Professionals
    - Parents
    - Community partners
    - Other ISDH Divisions
    - Other State Governmental Agencies

# PRIORITY AREAS

- ⦿ State Priority Area (SPA)

- Selected through data-driven needs assessment

- ⦿ National Priority Area (NPA)

- Developed by DHHS's MCHB

- ⦿ Family Planning Priority Area (FPA)

- Specific needs of women of childbearing age

- ⦿ Family Planning Administrator Priority Area (FPAP)

- Required for entity requesting funds to serve as the Family Planning Administrator

# PREGNANT WOMEN / PERINATAL

- ◎ SPA#2 (breastfeeding)
  - Increase percentage of women who initiate exclusive breastfeeding for three months and continue to breastfeed for six months
- ◎ SPA#4 (perinatal care)
  - Increase percent of women (especially black women) with a live birth whose prenatal visits were adequate
- ◎ SPA#3 (smoking)
  - Reduce smoking among all women of childbearing age / Decrease the percent of women who are pregnant who smoke (especially on Medicaid)
- ◎ SPA#8 (obesity)
  - Decrease the percent of those who are obese
- ◎ SPA# 1 (SIDS / SUIDS)
  - Decrease rate of suffocation deaths in infants
- ◎ SPA#7 (prematurity)
  - Decrease percent of preterm births
- ◎ NPA#17 (low birthweight)
  - Increase percent of very low birthweight infants delivered at facilities for high risk deliveries and neonates

# CHILDREN (1 – 9)

- ◎ SPA#5 (lead poisoning)
  - Decrease percent of children less than 72 months of age with blood lead levels equal to or greater than 10 micrograms per deciliter
- ◎ SPA#10 (social/emotional health)
  - Build capacity for promoting social/emotional health in children birth to age 5
- ◎ NPA#14 (obesity)
  - Decrease percent of children, ages 2-5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile
- ◎ NPA#9 (sealants)
  - Increase percent of third grade children who received protective sealants on at least one permanent molar tooth
- ◎ NPA#7 (immunizations)
  - Increase percent of 19-35 months old who have received a full schedule of age appropriate immunizations
- ◎ NPA#13 (insurance)
  - Decrease percent of children without health insurance

# ADOLESCENTS (10 – 24)

- ◎ NPA #16 (suicide)

- Decrease rate (per 100,000) of suicide deaths among youths aged 15-19

- ◎ NPA#8 (births to teens)

- Decrease rate of births for teenagers ages 15-17

- ◎ SPA#8 (obesity)

- Decrease percent of those who are obese

- ◎ SPA#9 (STIs)

- Decrease percent of high school students who become infected with STIs



# WOMEN OF CHILDBEARING AGE (14 – 44)

## ◎ SPA#6 (birth spacing)

- Decrease percent of births that occur within 18 months of previous birth to the same birth mother

## ◎ FPA #2 (preconception /interconception health)

- Increase number of women receiving preconception counseling prior to pregnancy

## ◎ FPA #1 (unintended pregnancies)

- Reduce unintended pregnancy among women of childbearing age

## ◎ SPA#3 (smoking)

- Reduce smoking among all women of childbearing age / Decrease the percent of women on who smoke (especially on Medicaid)

## ◎ SPA#8 (obesity)

- Decrease percent of those who are obese

# FAMILY PLANNING ADMINISTRATOR

## ◎ FPAP#1

- Award Sub-Grants

## ◎ FPAP#2

- Serve as liaison between ISDH and Sub-Grantees for Family Planning activities

## ◎ FPAP#3

- Provide technical assistance to Sub-Grantees

## ◎ FPAP#4

- Monitor and Report on status of Sub-Grantees

## ◎ FPAP#5

- Fiscal oversight

# CHILDREN WITH SPECIAL HEALTH CARE NEEDS

## ◎ NPA#2 (family involvement)

- Increase percent of children with special health care needs age 0-18 years whose family's partner in decision making at all levels and are satisfied with the services they receive

## ◎ NPA#3 (medical home)

- Increase percent of children with special health care needs age 0-18 who receive coordinated, ongoing, comprehensive care within a medical home

## ◎ NPA#4 (insurance)

- Increase percent of children with special health care needs age 0-18 whose families have adequate private and/or public insurance to pay for the services they need

# CHILDREN WITH SPECIAL HEALTH CARE NEEDS

## ◎ NPA#5 (services)

- Increase percent of children with special health care needs age 0-18 whose families report the community-based service system are organized so they can use them easily

## ◎ NPA#6 (transition services)

- Increase percent of youth with special health care needs who received the services necessary to make transition to all aspects of adult life, including adult health care, work, and independence

# Application Narrative

Sections 2 - 5

Checklist

Cover Page

Abstract

Narrative

# CHECKLIST – SECTION 2

- ◎ Use the **MCH APPLICATION document**
  - Ensures all required materials are included in application packets
    - Double click on each check box
    - Checkbox indicating the applicant agency has notified its Local Health Officer about its intent to apply for MCH funding.

# COVER PAGE – SECTION 3

◎ **Name, Title, and signature of the following individuals within the applicant agency:**

- Authorized Executive Official
- Project Director
- Person of Contact
- Person Authorized to make legal and contractual agreements

# ABSTRACT – SECTION 4

## ⊙ Overview of project (succinct)

- Purpose of project
- Anticipated accomplishments
- Knowledge to be gained
- Measureable objectives
- Target population
- Needs
- Why intervention proposed will impact needs
- Overview of measures to determine impact



# APPLICATION NARRATIVE - SECTION 5

- ◎ Section 5-A: Org Background
- ◎ Section 5-B: Needs Assessment
- ◎ Section 5-C: Goals / Objectives
- ◎ Section 5-D: Activities
- ◎ Section 5-E: Staffing Plan
- ◎ Section 5-F: Resource Plan
- ◎ Section 5-G Evidence-Based Programming
- ◎ Section 5-H: Evaluation Plan
- ◎ Section 5-I: Literature Citations

# 5-A: ORG. BACKGROUND

- ◎ Clearly describe ability to carry out project
  - History, capability, experience, major accomplishments of:
    - Applicant Organization
    - Partnering Organization

*4,000 character limit*

# 5-B: NEEDS STATEMENT

- ◎ Describe nature of problem(s)
  - Justify your population(s) of focus
    - Demographics
    - Geographics
  - Needs & extent of need
    - Prevalence rates
    - Incidence data
    - How data were collected / validity of data
    - Quantitative & qualitative data
    - How the needs were identified
    - Site all references
- ◎ Describe existing gaps in services vs. needs

*8,000 character limit*

# 5-C: GOALS / OBJECTIVES

- ◎ Overall project goal and each objective
  - *Specific, Measurable, Achievable, Realistic, and Time-bound (SMART Objectives)*
- ◎ Unduplicated number of individuals to serve with grant
  - Annually and over the entire project period
  - Types and numbers of services to be provided
  - Anticipated outcomes.
- ◎ Describe how achievement of the goals will produce meaningful and relevant results
  - Describe rationale for the anticipated impact

*6,000 character limit*

# 5-D: ACTIVITIES

## ⊙ How the services / practices will be implemented

- How population(s) will be:
  - Identified
  - Recruited
  - Retained
- How activities address issues
  - Outreach, engaging, delivering programs
  - Consider language, beliefs, norms, values of population
- How input of youth / families are involved
  - Planning and assessment phases
- How other organizations will be involved
  - Roles / responsibilities

# 5-D: ACTIVITIES

- ◎ Necessary groundwork?
  - Planning, consensus, MOAs, facilities
  - Need to show ability to be up and running within 4 months
- ◎ Describe barriers to successful project
  - How will you overcome them?
- ◎ Plan to continue project after funding ends
  - Sustainability
  - Stability / changes in operations

*10,000 character limit*

# 5-E: STAFFING PLAN

- ◎ Describe staff currently available & to be hired
  - Positions for project
    - Within applicant agencies & within partnering orgs
    - Project Director & Key Personnel
    - Level of effort (FTE)
    - Roles
    - Qualifications
- ◎ Experience working with proposed population
  - How applicant / partners have links to population
  - Biosketch for 5 key personnel (more can be listed, but only need 5 biosketches)
  - License numbers for RNs & Physicians (if filled)

*6,000 character limit*

# 5-F: RESOURCE PLAN

- ⦿ Describe resources available
  - Within the applicant agency and its partner organizations
- ⦿ Describe how location is adequate and accessible
  - Hours of operation are posted and visible from outside the facilities
  - Explain how the facilities/equipment are compliant with the Americans with Disabilities Act
- ⦿ Assure project facilities will be smoke-free at all times



## 5-G: EVIDENCE BASED

- ⊙ Evidence that practice is effective with your population(s) of focus
  - If limited or non-existent for your population(s), provide other information to support your selection of the intervention(s)
  - Describe modifications if necessary
  - Why will evidence-based program will improve outcomes

*5,000 character limit*

# 5-H: EVALUATION

## ⦿ Required to collect data

- Will be reported in Quarterly & Annual Reports
- Document agency & partners' ability to collect & report

*8,000 character limit*

# 5-H: EVALUATION

## ◎ Process Outcomes Evaluation

- Data collection plan—specify and justify all measures or instruments you plan to use
- Data management plan—list responsible staff
- Data analysis plan—list responsible staff
- Data reporting plan
- Plan to ensure continuous quality improvement
- How information will be communicated to program staff
- Protection of client privacy plan (HIPAA)

# 5-H: EVALUATION

## ◎ Objective Outcome Evaluation

- Specific measurable outcomes for each objective and its corresponding activities

## ◎ Overall Outcome Evaluation

- Plan of action if process outcomes or objective outcomes are not on target during a quarterly or year-end evaluation
- Process of revisiting activities to make changes for improved outcomes
- How will new data (as a result of program) will guide program in future
- How outcomes will be disseminated to stakeholders

# 5-I: LITERATURE CITATIONS

## ◎ List complete citations for all references cited

- Document title
- Author
- Agency
- Year
- Website (if applicable)

## ◎ EXAMPLE:

- Smith, J. (2011). Life course perspective. *Maternal & Child Health Journal*. [www.dhhs.gov](http://www.dhhs.gov).

4,000 character limit

# ATTACHMENTS

## SECTIONS 7 & 8

BioSketch & Resumes

Job Descriptions

Timeline

Action Plan Tables

Outcome Forms

Nonprofit Tax Determination Letter

Org Charts

# 7-A: BIOSKETCHES

Name:		Position Title:	
Education/ Training: <i>(Begin with most recent. Also include other initial professional education, such as nursing)</i>			
Institution and Location	MM/YY of Graduation	Degree (if applicable)	Field of Study
Relevant Employment Experience <i>(Begin with most recent and include the three most relevant experiences.)</i>			
Agency/ Company	Period of Employment	Position Title	Responsibilities

For position already filled, provide a brief BioSketch for five key personnel (note: more than five may be listed, but please include only five BioSketches).

# 7-B: JOB DESCRIPTION

Position Title	Roles	Responsibilities	Qualifications
	1)	1)	1)
	2)	2)	2)
	3)	3)	3)
	4)	4)	4)
	5)	5)	5)

For position to be announced & positions currently filled, provide a brief Job Description for up to five key personnel to be hired (note: more than five may be hired, but please include only five Job Descriptions).



# 7-C:TIMELINE

		FY 2012				FY 2013			
	Activities	1	2	3	4	1	2	3	4
PLANNING ACTIVITIES									
IMPLEMENTATION ACTIVITIES									
EVALUATION/ REPORTING ACTIVITIES									

List activities to occur within each of the Phases  
& indicate in which quarter(s) each activity will occur

# 7-D: ACTION PLAN TABLES

- ⦿ Each Priority Measure must have at least 3, but no more than 5 major Activities
  - Additional activities can be conducted
  - However, please only list a maximum of 5 major Activities
- ⦿ 5 Action Plan tables are available
  - 1 for each of the Service Categories, but:
    - NOT required to select all five Service Categories
    - NOT required to fill out each Action Plan Table
    - Choose Action Plan Table(s) that apply to your project
    - “N/A” for boxes not applicable to your proposed project

## 7-D: ACTION PLAN TABLES

[illegible]

# 7-D: ACTION PLAN TABLES (EXAMPLE)

<b><u>Service Category:</u></b> Women of Childbearing Age		
Priority Measures	Activities	Measurable Outcomes
SPA #6: Decrease the percent of births occurring within 18 months of previous birth	<ul style="list-style-type: none"> <li>• Incorporate preconception education and screening into clinical practice</li> <li>• Implement programs such as “Every Woman, Every Time,” “Family Life Planning,” or other best practice models.</li> <li>• Implement interconception follow up of mother with very low birthweight babies and preterm infants to address health and psychological issues of mother</li> <li>• Implement life plan</li> <li>• Educate on spacing importance</li> <li>• Illustrate how preconception education and screening are incorporated into routine clinical practice</li> </ul>	<ul style="list-style-type: none"> <li>• Number of providers educated</li> <li>• Number of families, mothers, women, girls, fathers educated</li> <li>• Number of tools disseminated</li> <li>• Number of mothers receiving follow up surveys, care, interventions, etc.</li> <li>• Change in attitude / behavior</li> <li>• Change in routine clinical practices</li> <li>• Change in practice policies</li> </ul>
FPA #2: Increase women with preconception counseling prior to pregnancy	<ul style="list-style-type: none"> <li>• Engage in preconception counseling</li> <li>• Refer women to preconception counseling</li> <li>• Educate providers on preconception counseling</li> <li>• Ask women if they want to become pregnant</li> <li>• Educate all women who receive a pregnancy test with information pertaining to preconception counseling</li> <li>• Educate women on the importance of folic acid supplements even for women not necessarily interested in planned conception in the next 24 months.</li> <li>• Screen women for hyperglycemia and address hyperglycemia management issues among women of childbearing age</li> <li>• Ensure women of childbearing age are up-to-date on their immunizations, including rubella, influenza, hepatitis, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• # of enrolled women who want to become pregnant who received preconception counseling compared to # of enrolled women who want to become pregnant</li> <li>• #of women who are asked if they want to become pregnant within the FY year.</li> <li>• #of women enrolled in the quarter</li> <li>• #of women with a negative pregnancy test who receive preconception education</li> <li>• # of months between pregnancies (to increase pregnancy intervals)</li> </ul>

# 7-E: OUTCOME FORMS

<b><u>Service Category:</u></b>								
<b><u>Priority Area:</u></b>								
<b>ACTIVITY:</b>	<b>1st Quarter</b>		<b>2nd Quarter</b>		<b>3rd Quarter</b>		<b>4th Quarter</b>	
	Expected	Actual	Expected	Actual	Expected	Actual	Expected	Actual
Outcome 1:								
Outcome 2:								
Outcome 3:								
Outcome 4:								

- ⦿ In the top line, labeled “Service Category,” insert the proposed project’s first Service Category (Pregnant Women/Infants, Children, Adolescents, Women of Childbearing Age, and Children with Special Health care Needs).
- ⦿ In the second line, labeled “Priority Area,” insert the proposed project’s first Priority Area for the corresponding Service Category (as listed in Section 7-D Action Table Plan).
- ⦿ In the third line, labeled “Activity,” insert the first activity for the corresponding Priority Area (this activity should match what is listed in Section 7-D Action Table Plan).
- ⦿ In the rows labeled “Outcome 1, 2, 3, & 4,” insert measurable outcomes for each corresponding Activity. Each activity can have up to four measurable outcomes. If your activity has more than four, please select your top four outcomes.

# 7-E: OUTCOME FORMS

<b><u>Service Category:</u></b>								
<b><u>Priority Area:</u></b>								
<b>ACTIVITY:</b>	<b>1st Quarter</b>		<b>2nd Quarter</b>		<b>3rd Quarter</b>		<b>4th Quarter</b>	
	Expected	Actual	Expected	Actual	Expected	Actual	Expected	Actual
Outcome 1:								
Outcome 2:								
Outcome 3:								
Outcome 4:								

- ⦿ In the columns labeled by Quarter, please list the proposed project's *Expected* quantitative outcome to be achieved for each Outcome. The *Actual* outcomes will be submitted following each previous quarter (on a quarterly basis).
  - The *Expected* results must be measurable and quantitative. These figures will serve as the success indicators for your project.
  - Examples include: educate 100 women; disseminate 300 educational materials; increase percent of women with a child-spacing of 18 months or greater.
  - [If your project proposes to address more than one service category, additional boxes are available for completion].

# 7-E: OUTCOME FORMS (EXAMPLE 1)

**Service Category:** Women of Childbearing Age (14-44)

***Priority Area written as SMART Objective:*** By October 1, 2012, increase the percent of women who, at their women-woman check-ups / annual visits, report quitting and abstaining from tobacco during the last 6 months by 10%. [Original SPA = reduce the number of pregnant women on Medicaid who smoke].

<b>ACTIVITY:</b> Smoking cessation education, counseling, referral and/or interventions to prevent use.	<b>1st Quarter</b>		<b>2nd Quarter</b>		<b>3rd Quarter</b>		<b>4th Quarter</b>	
	Expected	Actual	Expected	Actual	Expected	Actual	Expected	Actual
Outcome 1: # enrolled in program	0		75		90		100	
Outcome 2: # counseled / referred	0		75		90		100	
Outcome 3: # of women who quit smoking	0		20		25		30	
Outcome 4: # of women who remained tobacco-free at follow up	0		N/A		N/A		10	

# 7-E: OUTCOME FORMS (EXAMPLE 2)

**Service Category:** Pregnant Women and Infants (0-1)

***Priority Area written as SMART Objective:*** By October 1, 2012, increase the percent of women who, at delivery, report abstaining from tobacco during pregnancy by 10%. [Original SPA = reduce the number of pregnant women on Medicaid who smoke].

<b>ACTIVITY:</b> Smoking cessation education, counseling, referral and/or interventions to prevent use.	<b>1st Quarter</b>		<b>2nd Quarter</b>		<b>3rd Quarter</b>		<b>4th Quarter</b>	
	Expected	Actual	Expected	Actual	Expected	Actual	Expected	Actual
Outcome 1: # enrolled in program	0		75		90		100	
Outcome 2: # counseled / referred	0		75		90		100	
Outcome 3: # of women who quit smoking during pregnancy	0		20		25		30	
Outcome 4: # of women who remained tobacco-free after pregnancy at follow up	0		N/A		N/A		10	



# 7-E: OUTCOME FORMS

- ◎ Note that in each example, the Service Categories were different
  - However, the original SPA was the same (reduce the number of pregnant women on Medicaid who smoke)
    - Difference is the way the Priority Area was written as a SMART Objective, which indicated one was for women “preconceptually / interconceptually” and the other was for women “during pregnancy”
    - The activities (or selected interventions) could have been the same or different for each of the examples

## 8-A: IRS DETERMINATION LETTER

- ⦿ Include a copy of the applicant organization's IRS Nonprofit Tax Determination Letter
  - Please limit this to 1 page total

## 8-B: ORG. CHARTS

- ⊙ Applicant organization's *overall organizational chart*
- ⊙ Applicant organization's *program-specific org chart*
  - The program specific-organization chart must include:
    - Program partners
    - Existing program staff
    - To-be-hired program staff
    - Key personnel
      - Limit this to 2 pages total

## 8-C: LETTERS OF SUPPORT / AGREEMENT

⊙ Include with submission copies of:

- Letters of support
- Letters of agreement
- Memoranda of understanding

○ The letters of support and/or agreement must include:

- Date
- Contact information of individual endorsing letter
- Involvement with the project or organization

○ Please limit this to 10 pages total

# BUDGET

## SECTION 6

Budget Narrative

Anticipated Expenditures

Matching Funds

Your Role & Responsibilities

# BUDGET NARRATIVE (SCH.A)

Account	FY 2011 Budget Narrative	Total MCH +
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**Check the Math! (most common error)**

Account	Description of role in the project (i.e. Provides Direct Services)	Calculations Personnel = \$/hr X hrs per week X weeks per year	Total MCH charged to MCH	MCH MATCHING	Total cost charged to MCH and Matching Funds
Staff are listed with Narrative Title, and brief description of role in the project					
Calculations accurately reflect only spent on Project					
Show Total MCH, then MCH + Matching					
111.000 Physicians	Other Services				
	Providers				
	111.350 Care Coordination	Dr. Ima Pseudonym Medical Director	\$120 X 2 X 52 = \$12,480	\$0	
111.400	Dr. Phil N. DeBlanc Provides Prenatal Care	\$95 X 6 X 52 = \$29,640	\$29,640		\$29,640= \$42,120

# FRINGE BENEFITS

Account Number and Item	Description and Justification	Calculations	Total MCH	Total MCH + MCH MATCHING
	<p>For each personnel entry, include name, title and brief description of their role in the project (i.e. Provides Direct Services)</p> <p>List all appropriate staff in the box provided. If there are 4 Nurses, list all 4 in the same box.</p>	<p>Personnel = \$/hr X hrs per week X weeks per year</p> <p>Fringe = salary X fringe rate</p>	Total to be charged to MCH	Total cost charged to MCH and MCH Matching funds
Schedule A				
115.000 Fringe	Fringe for all employees is %33.32	<p>\$12,480 X .3332 = \$4,159</p> <p>\$29,640 X .3332 = \$9,876</p>	<p>\$0</p> <p>\$9,876</p>	<p>\$4,159+</p> <p>\$9,876=</p> <p>\$14,035</p>

# BUDGET NARRATIVE (SCH. B)

Account Number and Item	Description and Justification	Calculations	Total MCH	Total MCH + MCH MATCHING
	List each contract and explain its purpose. List travel entries by the staff that will be reimbursed for travel and explain how this travel serves the project. List rent and utilities costs separately for each facility. If possible, itemize projected other expenditures.	Travel = \$0.40 X miles for each staff being reimbursed for travel.	Total to be charged to MCH	Total cost charged to MCH and MCH Matching funds
<b>Schedule B</b>				
200.000 Contractual Services				
200.600 Consumable Supplies				
200.700 Travel				
200.800 Rental and Utilities				
200.850 Communications				
200.900 Other Expenditures				
		SUBTOTAL SCHEDULE A		
		SUBTOTAL SCHEDULE B		
		TOTAL SCHEDULES A&B		



# BUDGET NARRATIVE (SCH. B)

	Description & Justification	Calculations	MCH	TOTAL MCH + MATCHING
200.600 Consumable Supplies	Test Kits	$\$5 \times 650 =$ $\$3,250$	$\$3,250 +$ $\$1,500 =$	$\$4,750 +$ $\$1,000 =$
	Medical Charts	$\$0.50 \times 2,000$ $= \$1,000$	$\$4,750$	$\$5,250$
	Office Supplies	$\$1,500$		
200.700 Travel	Dr. Ima Pseudonym 200 miles (Conferences)	$200 \times \$0.40 =$ $\$80$		$\$80 +$ $\$80 =$
	Dr. Phil N. DeBlanc 200 miles (Trainings)	$200 \times \$0.40 =$ $\$80$	$\$80$	$\$160$
200.800 Rental and Utilities	4800 Itsa Place, Ft. Wayne Rent	$\$3,800 \times 12$ months = $\$45,600$	$\$4,560 +$ $\$480 =$	$\$5,040 +$ $\$1,901 =$
	Electric	$\$400 \times 12$ months = $\$4,800$	$\$5,040$	$\$6,941$

# **ANTICIPATED EXPENDITURES (SCH. A)**

# **ANTICIPATED EXPENDITURES FOR FISCAL YEAR 2011**

Acct. Number		Grant	Matching Funds	Non-Matching Funds	
<div style="border: 2px solid green; padding: 10px; text-align: center;"> <p>Ok, lets work on Schedule A of the Anticipated Expenditures form.</p> </div>					
<b>Schedule A</b>					
111.000	Physicians	\$42,120	\$29,640	\$9,420	8
111.150	Dentists/Hygienists				
111.200	Other Service Providers				
111.350	Care Coordination				
111.400	Nurses				
111.600	Social Service Providers				
111.700	Nutritionists/Dietitians				
111.800	Medical/Dental/Project Director				
111.825	Project Coordinator				
111.850	Other Administration				
115.000	Fringe Benefits	\$14,035	\$9,876	\$4,159	
<b>Schedule B</b>					
200.000	Contractual Services				
200.600	Consumable Supplies				
200.700	Travel				
200.800	Rental and Utilities				
200.850	Communications				
200.900	Other Expenditures				
SUBTOTAL SCHEDULE A					
SUBTOTAL SCHEDULE B					
TOTAL					

Cells in this column should reflect the number of hours worked in a week by all staff in each job classification, e.g., a project with two nurses working 40 hours per week and one nurse working 20 hours per week should enter 100 hours for 111.400

# ANTICIPATED EXPENDITURES FOR FISCAL YEAR 2011

Acct. Number	Grant Funds	Matching Funds	Non-Matching Funds													
Ok, lets work on Schedule B of the Anticipated Expenditures form.																
Schedule A																
111.000	Physicians	\$42,120	\$29,640	\$9,420				\$3,060								8
111.150	Dentists/Hygienists															
111.200	Other Service Providers															
111.350	Care Coordination															
111.400	Nurses															
111.600	Social Service Providers															
111.700	Nutritionists/Dietitians															
111.800	Medical/Dental/Project Director															
111.825	Project Coordinator															
111.850	Other Administration															
115.000	Fringe Benefits	\$14,035	\$9,876					\$4,159								
Schedule B																
200.000	Contractual Services															
200.600	Consumable Supplies	\$5,750	\$4,250					\$800	\$500	\$200						
200.700	Travel	\$160	\$80					\$80								
200.800	Rental and Utilities	\$50,400	\$5,040					\$1,901					\$43,459			
200.850	Communications															
200.900	Other Expenditures															
SUBTOTAL SCHEDULE A																
SUBTOTAL SCHEDULE B																
TOTAL																

Cells in this column should reflect the number of hours worked in a week by all staff in each job classification, e.g., a project with two nurses working 40 hours per week and one nurse working 20 hours per week should enter 100 hours for 111.400

# ANTICIPATED EXPENDITURES FOR FISCAL YEAR 2011

Ok, lets total up the rows and columns.

Acct. Number							424	432					400.1	433		400.2	Normal Work Wk. Hours Budgeted on Project <sup>1</sup>
	<b>Schedule A</b>																
111.000	Physicians	\$42,120	\$29,640	\$9,420				\$3,060									8
111.150	Dentists/Hygienists																
111.200	Other Service Providers																
111.350	Care Coordination																
111.400	Nurses																
111.600	Social Service Providers																
111.700	Nutritionists/Dietitians																
111.800	Medical/Dental/Project Director																
111.825	Project Coordinator																
111.850	Other Administration																
115.000	Fringe Benefits	\$14,035	\$9,876					\$4,159									
	<b>Schedule B</b>																
200.000	Contractual Services																
200.600	Consumable Supplies	\$5,750	\$4,250					\$800	\$500	\$200							
200.700	Travel	\$160	\$80					\$80									
200.800	Rental and Utilities	\$50,400	\$5,040					\$1,901					\$43,459				
200.850	Communications																
200.900	Other Expenditures																
	<b>SUBTOTAL SCHEDULE A</b>	\$56,155	\$39,516	\$9,420				\$7,219									8
	<b>SUBTOTAL SCHEDULE B</b>																
	<b>TOTAL</b>																

Cells in this column should reflect the number of hours worked in a week by all staff in each job classification, e.g., a project with two nurses working 40 hours per week and one nurse working 20 hours per week should enter 100 hours for 111.400

# ANTICIPATED EXPENDITURES FOR FISCAL YEAR 2011

Acct. Number	Description Number	Total Funds	Grant Funds	Matching Funds									Non-Matching Funds			Normal Work Wk. Hours Budgeted on Project <sup>1</sup>
			MCH Funds 413	Local Approp. 417	First Steps 419	Cash Donations 421	United Way/ March of Dimes 424	Hoosier Heathwise & CHIP XIX & XXI 432	Private Insurance 434	Patient Fees 436	Other Matching 437	Cash on Hand 400.1	Title XX 433	Other 439	Cash on Hand 400.2	
	<b>Schedule A</b>															
111.000	Physicians	\$42,120	\$29,640	\$9,420				\$3,060								8
111.150	Dentists/Hygienists															
111.200	Other Service Providers															
111.350	Care Coordination															
111.400	Nurses															
111.600	Social Service Providers															
111.700	Nutritionists/Dietitians															
111.800	Medical/Dental/Project Director															
111.825	Project Coordinator															
111.850	Other Administration															
115.000	Fringe Benefits	\$14,035	\$9,876					\$4,159								
	<b>Schedule B</b>															
200.000	Contractual Services															
200.600	Consumable Supplies	\$5,750	\$4,250					\$800	\$500	\$200						
200.700	Travel	\$160	\$80					\$80								
200.800	Rental and Utilities	\$50,400	\$5,040					\$1,901						\$43,459		
200.850	Communications															
200.900	Other Expenditures															
SUBTOTAL SCHEDULE A		\$56,155	\$39,516	\$9,420				\$7,219								8
SUBTOTAL SCHEDULE B		\$56,310	\$9,370					\$2,781	\$500	\$200				\$43,459		
TOTAL																

Cells in this column should reflect the number of hours worked in a week by all staff in each job classification, e.g., a project with two nurses working 40 hours per week and one nurse working 20 hours per week should enter 100 hours for 111.400

# ANTICIPATED EXPENDITURES FOR FISCAL YEAR 2011

Acct. Number	Description Number	Total Funds	Grant Funds	Matching Funds									Non-Matching Funds			Normal Work Wk. Hours Budgeted on Project <sup>1</sup>
			MCH Funds 413	Local Approp. 417	First Steps 419	Cash Donations 421	United Way/ March of Dimes 424	Hoosier Heathwise & CHIP XIX & XXI 432	Private Insurance 434	Patient Fees 436	Other Matching 437	Cash on Hand 400.1	Title XX 433	Other 439	Cash on Hand 400.2	
	<b>Schedule A</b>															
111.000	Physicians	\$42,120	\$29,640	\$9,420				\$3,060								8
111.150	Dentists/Hygienists															
111.200	Other Service Providers															
111.350	Care Coordination															
111.400	Nurses															
111.600	Social Service Providers															
111.700	Nutritionists/Dietitians															
111.800	Medical/Dental/Project Director															
111.825	Project Coordinator															
111.850	Other Administration															
115.000	Fringe Benefits	\$14,035	\$9,876					\$4,159								
	<b>Schedule B</b>															
200.000	Contractual Services															
200.600	Consumable Supplies	\$5,750	\$4,250					\$800	\$500	\$200						
200.700	Travel	\$160	\$80					\$80								
200.800	Rental and Utilities	\$50,400	\$5,040					\$1,901						\$43,459		
200.850	Communications															
200.900	Other Expenditures															
SUBTOTAL SCHEDULE A		\$56,155	\$39,516	\$9,420				\$7,219								8
SUBTOTAL SCHEDULE B		\$56,310	\$9,370					\$2,781	\$500	\$200				\$43,459		
TOTAL		\$112,465	\$48,886	\$9,420				\$10,000	\$500	\$200				\$43,459		8

Cells in this column should reflect the number of hours worked in a week by all staff in each job classification, e.g., a project with two nurses working 40 hours per week and one nurse working 20 hours per week should enter 100 hours for 111.400

413	Maternal and Child Health Grant Request	(A)	\$48,886
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MATCHING FUNDS - CASH

417	Local Appropriations	\$9,420
419	First Steps	
421	Cash Donations	
424	United Way/March of Dimes	\$10,000
432	Hoosier HealthWise/CHIP (Titles XIX / XXI)	\$500
434	Private Insurance	\$200
436	Patient Fees	
437	Other Matching	

TOTAL MATCHING FUNDS (Cash)		(B)	\$20,120
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NON-MATCHING FUNDS - CASH

433	Title XX	
439	Other	\$43,459

TOTAL NON-MATCHING FUNDS		(C)	\$43,459
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ESTIMATED CASH ON HAND AS OF SEPTEMBER 30, 2006

400.1	Matching	
400.2	Non-matching	

TOTAL ESTIMATE (400.1 + 400.2)		(D)	
TOTAL PROJECT REVENUE (A)+(B)+(C)+(D)		(E)	\$112,465

A Full-Time Employee Works 40 Hours Per Week.



# BUDGET POINTS

- ◎ Each Narrative Item is Justified
- ◎ Budget Correlates with Project Duration
- ◎ Information is consistent across all Budget Forms

# IMPORTANT NOTES

- ⦿ MCH funds not to be used for project staff raises
- ⦿ Payment is based on reimbursement of expended funds.
- ⦿ Administrative Fees are not a flat fee and are to based upon a % of total amount billed monthly.

# FINAL NOTES

Scoring Criteria

Information / Resources

# OVERVIEW OF SCORING

- ⦿ Each section has scoring max
- ⦿ Applicant will be scored for each criteria
- ⦿ Based from Funding Announcement

# ADDITIONAL EVALUATION WEIGHT

- ⊙ High risk counties
- ⊙ Incorporate the life-course perspective
- ⊙ Address multiple priority areas
- ⊙ Evidence based models / promising practices
- ⊙ Collaboration
- ⊙ Comprehensive systems of care
- ⊙ Incorporate cultural competency
- ⊙ Involve community members

# RESOURCES

- ⦿ MCH Definitions
- ⦿ Website are listed on FOA
- ⦿ MCH contacts are listed on FOA

Contact Vanessa Daniels, Director of Business and Grants  
Management with any questions  
re: FOA & Application



**QUESTIONS?**